

# IAT-LNG intake form

Intake form of the IAPH tool for auditing  
LNG Bunker Facility Operators

Ship-to-Ship version

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## User License – Terms and Conditions

Please read the Terms and Conditions (the Terms) carefully before using the IAPH Audit Tool (the Tool) as produced and distributed by the International Association of Ports and Harbors (IAPH). The Terms can be found in the description document that comes with the Tool (IAT-LNG-STS-1).

The Terms apply to users of the Tool and to those that download and/or distribute the Tool. Your access to and use of the Tool is conditioned on your acceptance of and compliance with the Terms.

**By using or distributing the Tool you agree to be bound by these Terms. If you disagree with any part of the Terms then you may not use or distribute the Tool.**

## Confidentiality statement

All information disclosed within this document is confidential and will not be revealed to any other party without written permission of the applicant, except where disclosure is required by law.

## List of abbreviations and definitions

IAPH	The International Association of Ports and Harbors
IAT-LNG	IAPH Audit Tool for the auditing of LNG Bunker Facility Operators
LNG	Liquefied Natural Gas
LNG BFO	A LNG bunker facility operator. A company that operates an asset that supplies LNG as a marine fuel to a LNG fueled vessel by means of an LNG bunker operation, and is in full control of this process and all related processes, including, but not limited to, vessel crewing, but excluding full control over the molecule supplier/owner processes.
LNG bunker company	See LNG BFO
STS	Ship-To-Ship

## 1. Company information

	Company Information
Company name:	
Company description:	
Address:	
Post address:	
Phone number:	
Contact person information:	

## 2. Applicable Vessels

	Information 1 <sup>st</sup> vessel
Vessel name:	
Distinctive identification: <i>E.g. IMO number</i>	
Port of registry:	
Type of ship and gross tonnage:	
Vessel owner: <i>Please provide company name, address, phone and contact person.</i>	
Vessel charterer: <i>Please provide company name, address, phone and contact person.</i>	
Vessel operator: <i>Please provide company name, address, phone and contact person.</i>	
Crewing agency: <i>Please provide company name, address, phone and contact person.</i>	

	Information 2 <sup>nd</sup> vessel
Vessel name:	
Distinctive identification: <i>E.g. IMO number</i>	
Port of registry:	
Type of ship and gross tonnage:	
Vessel owner: <i>Please provide company name, address, phone and contact person.</i>	
Vessel charterer: <i>Please provide company name, address, phone and contact person.</i>	
Vessel operator: <i>Please provide company name, address, phone and contact person.</i>	
Crewing agency: <i>Please provide company name, address, phone and contact person.</i>	



### 3. Description of operations

Request for permission to operate	
Type of operation: <i>Please give a full and detailed description of the LNG operations you request a permission to operate for.</i>	
Locations in the port: <i>Please describe for which locations in the port you request a permission to operate.</i>	

#### 4. Additional audit questions

	Operations in other ports
<p>Is or has your company been operating STS operations in other ports?  <i>If not so, please continue at questions list 'IAPH LNG Audit Scheme'.</i></p>	
<p>Please describe in which other ports the company is presently operational and which operations are performed:</p>	
<p>Please describe in which other ports the company was operational and which operations have been performed:</p>	
<p>May we contact the above ports?  <i>If so, please provide contact persons for above-described port(s).</i></p>	
<p>Are you willing to share audit information from the above-described port(s), if any?</p>	
<p>Are you willing to share incident and near miss information of your LNG activities from the above-described port(s)?</p>	

IAPH LNG Audit Scheme

Have you in the past been audited by a port in the IAPH LNG Audit Scheme or by use of the IAPH audit tool?  
*If so, please describe.*

Are you presently in the process of applying for a License to operate in another port?  
*If not so, please continue at the questions list 'Audit information'.*

Please describe the other ports you are applying for permission to operate:

May we contact the above-described port(s)?

Would you agree upon a joined audit by ports?

	Audit information
<p>Are you willing to share all incident and near miss information from the past four years?</p>	
<p>Are you willing to share previous audit and inspection result information from other parties? <i>E.g. Class and Port State inspections?</i></p>	
<p>Would you be in consent of discrete peer-review of the audit by a third-party port for quality assurance purposes?</p>	
<p>Would you be in consent of another port joining the audit as an observer during audit for peer-review or training purposes?</p>	
<p>Would you, after the audit, be in consent of us sharing the audit, re-audit and reality-checks information with other ports that are member of the IAPH LNG Audit Scheme? <i>Please note that permission will be requested on a case-to-case base.</i></p>	

## 5. Provided documentation

Please enter which documentation you will supply for the desktop-study on behalf of the audit:  
(Please note that the provided documentation is treated as classified information)

Nr	Document	Company reference	Version and date	Status	Available on board
001					<input type="checkbox"/> Yes
002					<input type="checkbox"/> Yes
003					<input type="checkbox"/> Yes
004					<input type="checkbox"/> Yes
005					<input type="checkbox"/> Yes
006					<input type="checkbox"/> Yes
007					<input type="checkbox"/> Yes
008					<input type="checkbox"/> Yes
009					<input type="checkbox"/> Yes
010					<input type="checkbox"/> Yes
011					<input type="checkbox"/> Yes
012					<input type="checkbox"/> Yes
013					<input type="checkbox"/> Yes
014					<input type="checkbox"/> Yes

015					<input type="checkbox"/> Yes
016					<input type="checkbox"/> Yes
017					<input type="checkbox"/> Yes
018					<input type="checkbox"/> Yes
019					<input type="checkbox"/> Yes
020					<input type="checkbox"/> Yes
021					<input type="checkbox"/> Yes
022					<input type="checkbox"/> Yes
023					<input type="checkbox"/> Yes
024					<input type="checkbox"/> Yes
025					<input type="checkbox"/> Yes